

Testimony regarding S.37

Given to the Health and Welfare Committee

2/8/2023 by Renee Johannensen, MD

Via live zoom

Thank you for allowing me to provide testimony regarding S.37. My name is Renee Johannensen, MD, a board certified ob/gyn. I have been providing abortion care since I moonlighted at Planned Parenthood in central New Jersey when I was a resident. I moonlighted because my residency training program in ob/gyn did not provide any training in abortion care.

I have limited my practice in the last approximately 6 years to family planning and abortion provision and training. I have provided abortions at various Planned Parenthood affiliates in Vermont, New Hampshire, New York State and Alabama. I helped to starting and develop a Ryan residency training program at Dartmouth Health which provided for the first time, integrated family planning training for residents and medical students through a national grant.

I also taught post abortion care to medical students and young doctors for a number of years in Rwanda and

helped to usher in a group of advocates who have made inroads in decriminalizing abortion in that country. I also teach and provide vasectomies so that men can directly help to reduce the burden of unplanned pregnancies that are borne entirely by women.

I was the medical director of an abortion clinic in Montgomery, Alabama until June 24, 2022 when our doors closed permanently. That day was the day that the Dobb's decision was handed down by our Supreme Court.

I also promote and help build programs that are developed by Plan C Pills. A website that helps women navigate the Post-Dobbs landscape when seeking an abortion.

Medication abortion up until 11 weeks of pregnancy is very safe. It is as safe as presenting to a clinic for a medication or surgical abortion. Telemedication abortion (provision of abortion services through telehealth) is also very safe. The "no touch" abortion protocols were developed before the pandemic but the pandemic brought use the legal changes necessary to start providing abortions this way. Telemediation abortion provision without the need of an ultrasound or

blood work is safe and is endorsed by all major medical groups. For people who can get pregnant, we are in the midst of a healthcare emergency in this country.

Abortion is considered basic necessary healthcare by all respected medical organizations.

States that are banning abortion are also the states with the highest maternal and infant mortality in the country. Because, prior to the total bans in some states after the Dobb's decision, there were restrictions that prevented women from obtaining an abortion in these states. We are 57<sup>th</sup> in the world when it comes to maternal mortality and we know, without a doubt that our standing in the world on this most important indicator of health, will only get worse as more women are unable to access this basic healthcare. No woman should be forced to stay pregnant. It is a health risk that only women are exposed to. We know the results of children and families when women are not allowed simple bodily autonomy. The "Turn Away Study" which showed that women who are denied an abortion, are more likely to experience severe economic hardships, more likely to be in violent relationships or raising children alone and experience significantly greater health problems up to and including dying while giving birth.

Here in Vermont, we recently made it a constitutional right to have an abortion. We cannot sit by and allow this to happen to women just because they are not fortunate enough to live in our state and share our zip codes? Are we willing to only protect patients and providers who come to Vermont to have an abortion? My patients in Alabama or any of the states that now have bans on Abortion are not coming to Vermont. They do not have the funds, they cannot take the time off from work or find adequate childcare for the children they already have (the majority of women who have abortions are already mothers). Not allowing the provision of telemedicine to provide this care will not help anyone seeking an abortion except for the folks who can afford to come here. There are many more geographically accessible states than ours. Even if women travel, it will often be to a state whose abortion clinics are in such high demand that they will need to wait for weeks to be seen and they will often have to deal with that state's restrictions. By providing telemediation abortion care, the patient IS coming to see me in Vermont, she is seeking the care that is the standard of care in Vermont. It is already legal to provide care to women who travel to Vermont for an abortion. We currently don't need a law to protect providers and

patients for what is already legal and might only become theoretically illegal one day.

I have given up my Alabama license after careful consultation because there is great risk of problems renewing my current state licenses or applying for new state licenses if I have ever had a license revoked. And, Alabama will surely revoke my license if I provide abortion care to the folks of Alabama.

For those willing to provide this type of abortion care, we know that there are limits to the protects these shield laws can provide. We know that the protections only go so far as the borders of Vermont. We also know that patient's may not be protected but they will be more protected than if they tried to procure an abortion on their own. Making abortion illegal has NEVER stopped women from having an abortion. All over the world epidemiological studies have proven this. Legal and health risks, including death are not deterrents when someone feels that they must not carry a pregnancy.

Providing people telemediation abortion across state lines is not an answer to the health threats faced by women during this of this medical emergency, but instead it is band aid and a way to reduce harms.

Currently there is an organization that provides abortion pills to people needing an abortion that is based in the European Union and a pharmacy in India. There are also organizations helping in Mexico. The biggest issue is that the pills can take a very long time to arrive, sometimes 2-4 weeks which can place people out of the reach of a first trimester abortion. We can help our own citizens by using FDA approved medications, that are approved to be mailed through the USPS like we do, here in Vermont and other states that are safe for people who need abortions. Instead of 2-4 weeks, the USPS could get the medications to patients in 2-5 days. Other states are providing or plan to provide telemedicine abortion provision across state boarder with their Shield Laws such as Massachusetts and likely New York State. Other states will follow these leads, because, how can they not?

Vermonters can and should help women who are not lucky enough to live here. To help not just because we should protect the health, wellbeing and bodily autonomy but because it is the right thing to do and Vermonters do the right thing.

We can help our fellow United States citizens, and we should. We should help fellow citizens and not depend on the help from outside countries and make people wait so long for care because it is less safe the future along in pregnancy they become and it is traumatizing. They shouldn't try to find pills on the black market without clinical guidance. The people in Vermont don't why should anyone have less rights because of their zip code?

We need to fight for people who can get pregnant not just in VT.